

**State of North Carolina
Division of Social Services Purchase Contract Budget
(DSS-6844S Rev. 1/01))**

Purpose:

The purpose of this form is to provide a detailed estimate of total program costs, including match, and to identify the funding sources and amounts needed to support the program. It will also be used to either compute the reimbursement rate for unit cost and individual fixed rate methods, or to estimate reimbursements for total cost methods based on the projected number of eligible and ineligible clients to be served.

General Instructions:

The Supporting Budget (page 3 through 7) should be completed first. Budget for the program as described in the Program Plan in the Narrative Face Sheet (DSS 5006 A/B or T) based on the estimated amount of funds to be awarded from the Division and any required matching funds. **Budgeted amounts will be limited to those costs that are essential to the operation of the program for the contract period and that are allowable in relation to rules governing the source of funds and the method of reimbursement.**

Un-allowable costs are generally those identified in the Social Services Fiscal Manual, and those costs that are to be supported by other funding sources. **Consult with your Contract Administrator for any additional unallowable cost.**

Remember: Other Federal funds received by your agency cannot be used as match for Federal funds being awarded from the Division for this contract.

ROUND OFF ALL AMOUNTS TO THE NEAREST DOLLAR.
DOUBLE-CHECK ALL COMPUTATIONS.

Distribution:

Complete ONE original and FOUR copies of the Purchase Contract Budget (DSS-6844S) and a Budget narrative, and have them signed by the authorizing individual. Attach the Budget/Budget Narrative to the Narrative Face Sheet package to be submitted to the Division of Social Services, Contract Coordinator.

Instructions for Completing the Supporting Budget Schedules:

Include only those costs that are necessary for the support of the program. **The budget should include the maximum state and/or federal funds available and any required matching funds.**

Any cost included in the agencies Indirect Cost plan should not be listed as a direct cost. Indirect cost should be computed in accordance with the Provider's approved Indirect Cost Plan. Consult your Contract Administrator for any further restrictions.

Part IV - Supporting Budget Schedules

A. Salary for Staff only

Budget all salaries in this category except those related to recipient transportation or subcontractors. (Attach a copy of a job description for each position as it relates to the program plan.)

Column 1: List the number of persons to be employed in each position.

Column 2: List all full and part-time positions by title. Enter "P.T" after the position/title for part-time employees. (Employees working less than full time within the total contracting agency are considered part-time employees.)

Column 3: Agencies employing personnel through the merit system or who are subject to the State Personnel Act enter the pay grades for each position. Private agencies enter N/A.

Column 4: List the percent of full time equivalent (FTE) that the employee will be working for the program under contract:

- For full time agency employees working totally under the contract, enter 1.00.
- For full time agency employees working under the contract for a portion of time and in a capacity outside the contract for the rest of the time, enter the percent of FTE to be spent in activities under the terms of the contract.
- For part-time agency employees working totally under the contract, enter the percent of FTE for which the person is employed, i.e. (.5) for half time employee.
- For part-time agency employees working under the contract for a portion of time and in a capacity outside the contract for the rest of the time, enter the product of the percent of time spent working under the contract. (For example, a half-time employee who spends 20% of time working under the contract, would enter 10%. That is, 50% time employed X 20% time working under contract = 10%).

Column 5: List the number of months the employee will be working in the program under contract.

Column 6: List the annual salary for each full time position. If the employee has a 9 month academic appointment, include (9) beside the salary. Example: (9) \$90,000

Computations

Full time staff employed 12 months - Column 1 X Column 6 X Column 4 = Total Salary requested for this position. Enter amounts in Columns 7 and 8 as required.

Example:

1 staff X \$80,000 X .35FTE = \$28,000 (Fed Request \$14,000 / Provider Match \$14,000)

Full time staff employed less than 12 months – Column 1 X Column 6 divided by 12 X Column 4 X Column 5. Enter amounts in Columns 7 and 8 as required.

Example: 1 staff X \$80,000 / 12 months = \$6,666.67 X .35FTE = \$2,333.33 X 6 months = \$14,000

For part-time staff - (Hourly) Enter # hours per week X # weeks X amount per hour and do not list an annual amount. Time sheets must be maintained for any position less than 100%.)

Example: 10 hours per week X 12 weeks X \$10.00 per hour = \$1,200

Column 7: Compute the total cost for each position and enter the total of salaries for all the individuals employed in the position. Enter amount of Provider Match, if any.

Column 8: List amount of Federal/State funds requested .

Column 9: List total of Columns 7 and 8 for each position.

B. Fringe Benefits Schedule for Staff only

Budget all fringe benefits in this category for the positions listed in A. Salary except those related to recipient transportation or Subcontractors.

Column 1: Itemize each type of fringe benefit (FICA, retirement, health insurance, etc.)

Column 2: Show the method of computation for all full-time and part-time employees separately.

Columns 3 and 4: Compute the cost for each benefit and enter amounts of Provider match and Federal request in appropriate columns. (*Example: FICA 7.65% X Federal amount / 7.65% X Provider match*)

Column 5: Enter total of Columns 3 and 4.

C. Staff Development for Staff Only

Budget all staff development expenses (except staff salaries, travel and registration fees). Where known, identify the specific activities for which tuition is budgeted.

Column 1: Itemize staff development expenses by type and cost. Identify whether the expenses are for staff development for direct service staff or administrative staff who do not interact with clients in the provision of services.

Column 2: List the total estimated cost of each item.

Columns 3 and 4: Enter amounts as appropriate

Column 5: Enter total of Columns 3 and 4.

D. Travel for Staff Only

Budget all expenses related to agency staff travel such as mileage, subsistence, and registration fees required for the delivery of service or staff development in this category. Do not include recipient transportation cost, subcontractor travel costs or other non- - agency personnel travel cost. All entries must be specific to a position. If the specifics are known where excess lodging or out of state travel would be requested, attach a detail description including dates, purpose, itemized cost and the staff position traveling to receive approval with the proposal. If specifics are not known at the time of submission of your proposal refer to the instructions described in the Travel guidelines to receive prior approval to charge cost to the contract.

Column 1: List the number of staff in each position who will be traveling.

Column 2: List each position by Title.

Column 3: Estimate the average number of miles that each employee will travel.

Column 4: Enter the reimbursable rate per mile.

Column 5: Enter the daily subsistence rate, if applicable.

Column 6: Estimate the number of days for subsistence, if applicable.

Columns 7 and 8: Compute the amount of funds needed for each staff and enter the total cost as appropriate.

Column 9: Enter total of Columns 7 and 8.

An entry must be in Col. 1, Col. 2, Col. 3 and Col. 4 to compute mileage cost.

Computation for Columns 7 and/or 8 is Col. 1 x Col. 3 x Col. 4 PLUS Col. 1 x Col. 5 x Col. 6.

E. Equipment Purchases

Budget the cost of equipment to be purchased. This should include both administrative and program equipment that is necessary to the operation of the program. Budget such costs as equipment rental, equipment maintenance, equipment depreciation, etc., in Schedule K. Budget the cost of equipment used for recipient transportation in Schedule F. The State of NC identifies equipment as having an individual cost of \$500 each - with useful life of more than one year. Agencies must attach a copy of the Federal waiver defining equipment as having an individual cost greater than \$500.

Column 1: List the number of units of each item of equipment.

Column 2: List each item of equipment necessary to meet the needs of the program.

Column 3: List the unit cost of each item of equipment. (List equipment >\$500 and justify in budget narrative)

Columns 4 and 5: Compute the total cost of each item and enter in appropriate column

Column 6: Enter total of Columns 4 and 5.

F. Transportation – Recipient

Budget client transportation costs, such as reimbursement to volunteers for mileage, vehicle depreciation or use allowance, vehicle insurance, vehicle lease, vehicle maintenance, gas and oil in this category. Also budget for the cost of salaries and fringe benefits where transportation is a component of a service. If 10% or more of the duties of staff members are divided between activities related to the transportation component and activities related to other areas of the program, these salaries and fringe benefits must be prorated between this schedule and Section A and B (Salaries and Fringe Benefits) based on an estimated percentage of time spent in each area.

Column 1: Enter the name of each item.

Column 2: Compute the cost of each item and show method of computation.

Columnz 3 and 4: Enter the total costs as appropriate.

Column 1a: List each position that provides transportation to clients and furnish the information requested.
Compute the total salary and enter it in Column 3.

Column 1b: Itemize the fringe benefits for each position listed in column 1a. Indicate the method of computation and enter the total of each benefit Columns 3 and 4.

G. Medical Supplies and Expense

Budget all costs related to medical treatment except staff salaries. This budget category is to be used only for those services that have medical and remedial cost as part of the service definition.

Column 1: Itemize each expense necessary for the provision of medical or remedial care within the program including equipment and supplies. Attach itemized list for general categories.

Columns 2 and 3: Enter the total cost of each item as appropriate. Enter total of 2 and 3 in Column 4.

H. Cost of Space -- -- Non-Residential

Budget all costs related to occupying the premises such as rent, lease, janitorial services, agreement, utilities, building depreciation, building repairs and maintenance, alterations, and minor renovations for administrative facilities and program facilities (non-residential type). (Attach a copy of the current lease if rent is charged. Cost should be prorated per the number of staff included in the application.)

Column 1: List each expense and show method of computation. Do not include the costs of client room and board (shelter) for residential care.

Column 2: Enter method of computing cost of space. (i.e. sq. ft. x amount x months)

Columns 3 and 4: Enter the total cost of each item as appropriate

Column 5: Enter total of Columns 3 and 4.

I. Room and Board Costs -- Residential Treatment Facilities

Budget the costs for shelter (residential facility costs) and the cost of raw food necessary to the program operation.

Column 1: Itemize the various facility costs such as rent, water, utilities, building maintenance and food.

Column 2: Compute the cost of each item and indicate method of computation.

Columns 3 and 4: List the total estimated cost of each item as appropriate.

Column 5: Enter total of Columns 3 and 4.

J. Service Payment

Budget for those items in the service definition where the payment is made directly to or on behalf of an individual recipient.

Column 1: Enter the anticipated number of items to be purchased.

Column 2: List each item and the cost per unit to be purchased by or on behalf of the client.

Column 3: Enter the cost of each unit.

Columns 4 and 5: Compute and enter the total cost for each item.

Column 6: Enter total of Columns 4 and 5.

K. Other Expense

Budget costs such as sub-contracts, in-kind agreements, advertising, computer operations, audit, telephone, licensing fees, equipment related costs, non-tangible property costs (rental, maintenance, depreciation, etc.), supplies, food service, etc., which do not fit within the previous categories. Include a copy of your Equipment Depreciation Schedule if cost is included. **Each Item listed is a separate object of expenditure when filing for reimbursement on the DSS-1571S, Part III.**

Column 1: Itemize all expenses.

Columns 2 and 3: Enter the total cost for each item listed as appropriate.

Column 4: Enter total of Columns 2 and 3.

L. Indirect Costs

Budget indirect costs according to the percentage and method as approved by HHS, cognizant federal agency, or your Certified Public Accountant as applicable. Attach a copy of the current approved indirect cost plan either from the

cognizant federal agency or your Certified Public Accountant. No entry should be made if the Provider does not have an approved plan. Also, consult your Contract Administrator for possible restrictions.

Column 1: Enter the approved indirect cost rate.

Universities use approved F&A rate

Private / Non-profit use rate approved by certifying agency (i.e. DMG)

Column 2: List the approved categories of expense to which this rate is to be applied.

Column 3: Enter the budgeted amount to which the rate is to be applied.

Columns 4 and 5: Compute and enter the anticipated indirect costs. Enter amount of Unrecovered Indirect in Column 4 and amount of Federal request in Column 5.

Column 6: Enter total of Columns 4 and 5.

Instructions for Completing the Purchase Contract Budget Summary (Page 1 and 2 of 7):

The budget summary - "Estimated Expenditures" (page 1, Part II) is to be completed using the total amounts completed for each object of expenditure on the supporting budget (pages 3 through 6).

Parts I and V detail the estimated revenue from the funding source and rate of participation and Provider matching requirement (cash and/or Inkind), if applicable.

Part III is for the approval signature by the authorized official.

Part IV of this form is to provide a detailed summary of total program costs, including the provider's matching fund amount and the amount of state/federal funds to be awarded.

Part VI is related to the determination of unit cost or individual fixed rate programs.

The Heading and Parts I, II, III and IV are to be completed by all Providers.

In addition Part V is to be completed by total cost Providers when payment is based on client eligibility; or

In addition Part VI is to be completed by unit cost and individual fixed rate Providers.

Heading

1. Enter the name of the fiscal agency in the space beside provider.
2. Enter the contract ID# (Ex. 00999-02), if known. Do not enter your Federal tax Identification number. If contract ID # is not known this will be completed by the Division.
3. Enter the effective period of the contract for which this budget supports. For example, 7/1/01 through 6/30/02.

Part I -- Revenues

NOTE: The Provider will be advised by the Division of the funding sources and matching requirements (amounts and percentages rates and what type of match is allowable). A few examples might be: (75% IV-B-1, 75% IV-B-2, 75% SSBG, 50% IV-E, 75% IV-E, 100% ILP, 100% CAN, 100% RAP, etc.).

1. Program Costs: Follow these instructions if Part I was not completed:

- Line 1: Enter the amount, source and percentage of Federal funds to be awarded, if applicable. (If more than one Federal source is being awarded list each type separately.)
- Line 2: Enter the amount, source and percentage of State funds to be awarded, if applicable. (Remember – all funds that come from the state are not State funds)
- Line 3: Enter the amount of the Provider's required match that is CASH and the percentage, if applicable.
- Line 4: Enter the amount of the Provider's required match that is INKIND and the percentage, if applicable.
- Line 5: Enter the amount of State Funds (Cash)
- Line 6: Add lines 1 through 5 and enter total.

Example:

Program Costs		<u>Amount</u>	<u>Source and % of Funds</u>
1.	Maximum Federal Funds	\$40,000	75% IV-B-1
2.	Maximum State Funds	\$20,000	50% USDA-FNS
3.	Provider Match Funds – Cash	\$ 0	
4.	Provider Match Funds - In-Kind	\$10,000	50% Match USDA
5.	State Match Funds – Cash	\$13,333	25% Match IV-B1
6.	TOTAL REVENUE (Program Costs)	\$ 0	
		\$83,333	

Example of computation of Provider Match if Federal amount is known: The Division is awarding \$60,000 of IV-B-1 funds that has a 75% participation rate. Step 1: \$40,000 divided by .75 equals \$53,333 Total. Step 2: \$40,000 Subtracted from \$53,333 equals \$13,333 which is the total Provider's required match.

Example of computation of Provider Match if Federal amount is NOT known. The Division is awarding IV-B-1 funds that have a 75 % participation rate. The amount will be determined after the Total program cost on Line M, Column 1, Page 1 of 7 has been calculated. Step 1: Multiply the Total Program Cost times 75% to determine the amount of IV-B-1. Step 2: Subtract the Total Program Cost amount from the IV-B-1 amount to determine the Provider's required match.

2. Program Costs: Follow these instructions if Part I was completed.

- Line 1. Multiply the Costs Eligible for Financial Participation (Column 5, Part I B.) times the federal reimbursable rate if less than 100%. Enter this amount in Line 1. If the reimbursable rate is 100% enter the total figure in Part I B. Column 5. IF THE APPROVED AWARD IS LESS THAN THE REIMBURSABLE RATE, ENTER THIS AMOUNT INSTEAD. Also, enter the source of funds and the rate of participation in the space provided.
- Line 2: Enter the amount of State funds awarded to the program, if applicable.

- Line 3. Provider Match: Compute the provider matching requirement by dividing the figure in Line 1 by the proportionate share. See example above. List amount of CASH, if applicable on Line 3 and amount of Inkind on Line 4.
- Line 5. List amount of State Match (Cash).
- Line 6. Add Lines 1-5 together and enter the total.

Part II -- Estimated Expenditures

- Column 1: Enter the total amount for each object of expenditure supported by the Provider's funds (cash and or Inkind). This includes all required match.
- Column 2: Enter the total amount for each object of expenditure as computed on the supporting budget (pages 3 through 7). This includes the Provider's funds and the state/federal award amount.
- Column 3: Enter the difference between Column 1 and Column 2 for each object of expenditure. This Column should total the amount of state/federal funds to be awarded by the Division.

Line M: Total each column. The sum of Columns 1 and 2 must equal the sum of Column 3.

Part III -- Approval Signature

Have the authorized official in the agency sign both copies of the budget statement and enter the date.

Part IV - Supporting Budget Schedules (pages 2-6)

Part V -- Distribution of Estimated Revenue for Total Cost Reimbursement Method

Section A. Estimated Eligible and Matchable Costs (If in doubt, ask your Contract Administrator if this is required for your proposal.)

Line 1-3: Determine the number of clients to be served under this contract. Enter on Line 1, Column a, the number of eligible clients to be served. Enter on Line 2, Column a, the number of ineligible clients. Enter on Line 3, Column a, the total number to be served. Compute the percentage of eligible and ineligible clients by dividing the numbers in Lines 1 and 2 by the total number in Line 3. Enter the percentages in Column b, Lines 1 and 2.

Section B. Eligible Costs

Enter the total from Part I, Line M. Column 3 in the space Matchable Costs (1). Enter in Less Earned Income (2) any funds that the project earns over and above its anticipated expenditures. Subtract 2 from 1 and enter the difference in Column 3, Net Matchable Costs. Enter the estimated percentage of eligible clients in Column 4. Multiply the amount in (3) times the percentage entered in (4) and place the result in Costs Eligible for Financial Participation, Column 5.

Part VI -- Computation of Unit Cost or Individual Fixed Rate (If in doubt, ask your Contract Administrator if this is required for your proposal.)

- Line A:
1. Enter the total from Part V, Column 3, Line M.
 2. Enter the amount of any Earned Income.
 3. Enter the difference between Lines 1 and 2.

Line B, 1 or 2: Enter the projected level of service provision in terms of units of service for the contract period. The estimate may be based on either the program's capacity or anticipated utilization. Estimates must be stated in terms of the applicable unit of service definition in accordance with the Family Services Manual, Volume VI, Chapter IV. Client eligibility should not be considered in this estimate.

Line C: Describe in detail the source of the data or the method of computation used to arrive at the estimate entered on Line B.1 or B.2; such as the certified capacity for programs requiring certification, licensed capacity for programs requiring licensure, attendance records for previous fiscal years, etc.

Line D: Compute the estimated unit cost or individual fixed rate by dividing the net matchable costs from Line A.3 by the estimated units of service provision from Line B. Enter the results and the unit measure of service provision applicable to the computed rate.